Gender Identity and Sexuality Development in Children

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• What is a boy?
• What is a girl?
• What is a man?
• What is a woman?
• What is Transgender?
• What is Transexual?
• What is Queer?
• What does all of this mean????
Biological Sex

- Relates to one’s anatomy and reproductive organs
  - Genetics
  - Hormones
  - Forms during In-Utero Development
- In most cases, an infant is assigned a “boy” or “girl” label at birth based on the presence of external genitalia
Gender (socially constructed)

- Gender—a very complex relationship between one’s physical (biological) sex traits and one’s internal sense of self (as male, female, other)
- Gender (according to Merriam-Webster)
  - “the behavioral, cultural, or psychological traits typically associated with one sex.
- Binary (according to Merriam-Webster)
  - “something made of or based on two things or parts”
The Gender Binary

- Social system whereby people are thought to have either one of two genders (male or female)
  - They usually correspond with birth (biological) sex

- Viewed by some as
  - Rigid
  - Restrictive

- Why does it exist?
Gender Identity (Internal)

- We’ve covered Biological Sex and Gender now onto…
- Gender Identity
  - “one’s internal sense of who they are; being a woman or man, girl or boy, or between or beyond these genders”
  - Sense of self
  - Personal/Private
Gender Expression (External)

• “the external representation of one’s gender identity, usually expressed through feminine or masculine behaviors and signals such as clothing, hair, movement, voice, or body characteristics”
What’s on our radar?

- Q.) Out of the three terms (biological sex, gender identity, and gender expression) which do you think we notice most about people on a daily basis?
A.) Gender Expression

• You see a person walking down the street. They have a shaved head and wearing a suit and tie. They are exhibiting a ___________ gender expression

• Assumptions automatic
Transgender

• **Trans** is a Latin noun or prefix, meaning "across", "beyond" or "on the opposite side"

• An umbrella term for
  • Gender Variant
  • Gender Non-conforming
  • Cross-dresser
  • Genderqueer
  • Transexual (dated)
What causes someone to be Transgender?

• Not sure
  • Studies that show differences in brains
  • Hormones probably play a role
  • Combination of environment and genetics???
  • Very similar to the “gay/lesbian” etiology in that we’re not sure yet what makes people trans and/or GLBQ
Erikson's Stages of Psychosocial Development

- Infancy (birth to 18 months)--Children develop a sense of trust when caregivers provide reliability, care, and affection. A lack of needs at this stage results in mistrust.

- Early Childhood (2 to 3 years)--Children need to develop a sense of personal control over physical skills and a sense of independence. Success leads to feelings of autonomy, failure results in feelings of shame and doubt.
Gender development in children at this stage

- Age 2-3
  - Gender Identity begins to form
  - Begins to seek out same-sex models to identify with
  - Gender variant children may seek models to identify with that are opposite sex of their assigned birth sex
  - At this stage children are concrete and want to label things into nice, neat categories
Erikson's stages of psychosocial development

• Preschool (3 to 5 years)--Children need to begin asserting control and power over the environment. Success in this stage leads to a sense of purpose. Children who try to exert too much power experience disapproval, resulting in a sense of guilt
Gender development in children at this stage

- Ages 3-4
  - Gender Identity has been established
  - A strong desire/need to incorporate gender identity into their world
  - Very aware of gender differences in others
  - Starts to develop gender schemas (basic “ideas” for how males/females look, act, etc)
  - Gender roles/stereotypes are refined
  - Trans children struggle to express their differences in their feelings about their own gender from their peers
Gender development in Children

• Ages 4-6
  • Gender Scripts form (girls wear makeup, dresses and men shave, wear pants, etc)
  • Children may have ideas that are rigid about gender or may think that their gender may magically change when they grow up
  • Schools have a profound effect on children’s ideas of gender and acceptance
  • Trans children at this stage have been insistent about their gender identity and may have been for a couple years. They are adamant that they are a “boy” or “girl” even though their biological sex states otherwise
Gender development in Children

- Ages 5-7
  - Gender Consistency
  - Gender Stability
  - If a trans child is forced to limit their gender expression
    - Behavioral problems
    - Suicidal Ideation
Erikson's stages of psychosocial development

- School age (6 to 11 years)--Children need to cope with new social and academic demands. Success leads to a sense of competence, while failure results in feelings of inferiority.

- Adolescence (12 to 18 years)--Teens need to develop a sense of self and personal identity. Success leads to an ability to stay true to yourself, while failure leads to role confusion and a weak sense of self.
Gender identity/expression at this stage

• Ages 9-12
  • For trans children/adolescents as puberty changes develop gender dysphoria may significantly increase
Puberty

• Ages 12-18
  • Gender Identity becomes even more stable
  • Specific behaviors of trans teens
    • Binding breasts
    • Cutting/Growing out hair
    • Experimenting with clothing, makeup, etc
Damaging Parenting Practices (Family Acceptance Project)

• Behaviors that are perceived as rejecting by trans children have been shown to lead to negative health effects

• The myth of defiance--some parents may view gender non-conformity as rebellion against their parental authority. This is usually not the case.
Damaging Parenting Practices

• Abuse (Physical or Verbal)
  • Spanking, physically harming your child for expressing a gender non-conforming behavior/idea not only is ineffective in changing their gender identity (something that cannot be changed anyway) it actually increases their risk of suicide significantly
Damaging Parenting Practices

• Excluding the child from family activities
  • Embarrassment
  • Ridicule from extended family members

• Blocking access to gender variant activities or organizations

• Blaming the child from discrimination they may face
Damaging Parenting Practices

- Religious based condemnation
  - Can take away an important tool for support
  - May alienate your child
  - Turn to other ways of coping that may not be healthy
Effects of damaging parenting

- Distress, denial, and shame
  - “He used to say very often, “I am a girl,” inside and outside the home. We told him every time, we are happy that you are a boy. It started getting very repetitive and annoying to the point where we offered him prizes if he went a week without saying it.) That made him stop. After watching a show on 20/20, I asked him what he felt like inside himself, if he felt like a boy or girl, and his answer was that he felt like a girl. Then I asked him if he wanted to be a girl, and his answer made me cry when he said, “I don’t know Mommy, what do you want me to be?”
• When a child sees they are causing you stress and shame they INTERNALIZE this pressure and may direct negative feelings toward themselves (“How can I hurt mommy/daddy this way. I’m a bad kid!”)
Silence and Secrecy

• When you encourage silence and secrecy around their gender expression that teaches them to split off a CORE part of their identity.

• Pressure to enforce gender conformity
  • Sets up child for failure
Effective parenting practices

- Supportive family environment
  - Parental acceptance is a strong predictor of success later in life
  - Safe space to buffer the negative effects that they may face out in the world
Parents (and most adults) can change the world

- Agents of change of own children and children that you come in contact with
- A home without ridicule, shame, punishment for gender variance
- You set an example by not only what you say but also what you do inside and outside the home
When parenting approaches differ

- If both parents do not agree on how to handle gender dysphoria…
- Attempt to negotiate
- Separation/Divorced Parents
  - Family therapy
  - Working out a middle ground
  - Well being of child most important
Components of powerful parenting

- Keep a log or journal
- You can see how your feelings/attitudes change over time
- Self-reflection often leads to personal growth
- Expressing negatives feelings in a safe space (away from your child’s ears) allows you to experience relief
Require respect within the family

• “We told my parents that if they could not refrain from negative talk about our children in our presence, then we would no longer be able to spend time with them. We clarified that we meant that there would be NO negative talk about our son to him, us, or any of his siblings. And, there would be no negative talk about him to others in our presence. This took guts, but we had no choice, and we were making it. We chose our son over others. That what parents must do.”
Express love and support for your child’s gender expression

- Clothing
- Behaviors
- Toys
Transitioning

• Gender on a spectrum
Transitioning

- Often referred to as Sex Change but is SO much more!

- Goal: More congruence between Gender Identity and Gender Expression (making the outside match the inside)
3 general phases of transitioning

• 1) Emotional/Psychological

• 2) Social/Exploration

• 3) Physical/Medical
Emotional/Psychological Phase

- Questioning/Conflict
- Back and forth/Exploration in Fantasies
- Identity formation becomes more stable
  - May involve incorporating new identity into current narrative
Social/Exploration Phase

• The most difficult, experimentation
  • Blending the internal representation with gender expression (the external representation of gender)
• Loss of status for Transwomen (who have been socialized as male growing up)
  • “I noted for the first time that the heterosexual women were noticing me—about three or four of them had an angry or jealous look in their eyes because I looked like an attractive, older woman… and the men were flirting with me. It was really strange. First time in my life that has happened. But then, I chose to be out as trans … and these fairly descent folk began calling me “he” because that’s how they now perceive me. That always seems a bit painful.”
    • Autum Sandeen (50 y/o navy veteran and transwoman)
Physical/Medical Phase

• Usually early on in the transition process

  • Most typically this occurs before any surgical procedures

  • The current standard of care states that a mental health SCREENING is needed for hormones and/or surgical procedures (note that THERAPY is not a requirement.. Just a screening)

• My clients
Con’t

• Facial Feminization
  • Electrolysis

• Surgery
  • Breast/Chest
  • Genital
Transition

• What is the appropriate timeline?

  • Be weary of any professional that communicates a specific one-size-fits-all approach to when your child should transition
  • The younger the child when expressing gender non-conformity the longer the parents can wait, plenty of time to experiment
  • When close to puberty a whole different story
Transition

- Self-directed
- Work with schools
- Work with those close with your child
- Check-in often
- Give them a safe, supportive, open space to explore
Working with schools

• Speak to the principal of the school before your child starts that school or the transitioning process
• Work with teachers
• Chose to let other parents know (up to you)
• Keep open communication with the school (and your child!)
Troubling Statistics

• Over 80% of LGBT students reported being verbally harassed because of their sexual orientation and
• Nearly 70% of LGBT students reported feeling unsafe in school because of their sexual orientation
• 80% of prospective teachers reported negative attitudes toward LGBT people and
• 66% of guidance counselors had negative feelings about LGBT persons
How schools can be supportive

• 1) Create a supportive organizational school culture (committees, parent run)
• 2) Adopt zero tolerance for discrimination
• 3) Update policies and Forms
• 4) Honor preferred names and Pronouns
• 5) Develop guidelines for Trans students
• 6) Provide staff training
• 7) Provide parent and student education
Medical Issues

• Medical Options
  • Delaying Puberty
    • GnRH inhibitors (puberty/hormone blockers)
    • Put body’s development on hold so there will be physical differences to deal with such as being shorter and cognitive changes
    • These are simply delays and not permanent conditions
Medical Issues

• Cross hormones
  • Can stop and even reverse effects of birth/biological sex
  • Endocrinologist (preferably one with experience with Trans issues, screen over the phone)

• Surgery Options
Legal Issues to Consider

- Forms/documentation
- Legal name
- Social security cards
- Gender markers on documents (male/female)
- Birth certificates
- Driver’s license
- State of Indiana (must go before judge to change gender)
Sexual Orientation
Sexual Orientation

• Different than gender identity or expression
• What is it?
  • Sexual orientation refers to one’s sexual or affectional attraction toward members of one’s opposite gender (heterosexuality), one’s own gender (homosexuality), or both (bisexuality)
  • For most teens this is simple, yet for members of the LGB communities it’s difficult due to society stigma
Sexual Orientation

- Sexual orientation refers to an enduring pattern of emotional, romantic and/or sexual attractions to men, women or both sexes. Sexual orientation also refers to a person’s sense of identity based on those attractions, related behaviors and membership in a community of others who share those attractions. *From the American Psychological Association*
How does sexual orientation form?

- We’re not sure
- Probably a genetic/biological component
- Environmental influence
- One study conducted by scientists Michael Bailey and Richard Pillard involved gay and lesbian siblings. Their findings provided strong possible evidence that sexual orientation is genetically determined.
The Bailey and Pillard Study

• When studying identical twins where one twin is gay, the other twin has an approximately 50% chance of being gay (Marcus, 1993).

• In fraternal twins (separate eggs), if one sibling is gay, there’s a 16% chance the other sibling will also be gay (Marcus, 1993).

• And in non-genetically related brothers and sisters, where one sibling is gay or lesbian, there is a 9% chance that the other sibling will be homosexual, which is approximately the normal statistical incidence in the general population (Marcus, 1993).
LGBT youth

• Recent issues in the media have shown that LGBT youth are at greater risk of harassment in school
• Rates of suicide due to bullying/harassment
  • There are figures that say LGBT youth have a SEVEN times greater chance of completing suicide than non-LGBT youth
  • 2-3 times more likely to suffer from depression and/or anxiety
• It Gets Better Project http://www.itgetsbetter.org/
Coming Out

• Why would someone want to come out
  • To feel authentic
  • To not have to hide
  • Not have to split off a core component of identity
  • Feel closer to loved ones
Coming Out

• First step is coming out to oneself
  • Usually has an idea of being gay, lesbian, or bisexual at a very young age
  • As puberty hits sexual orientation is well established
  • May experience distress if living within an oppressive context
Coming Out

- Second step is coming out to someone supportive
- May then come out to more and more people
- May face discrimination at school or work
Discrimination

• Nondiscrimination and Hate Crime Laws
  • 16 states and D.C. all have gender identity antidiscrimination laws on the books (Indiana is NOT one of them) but the city of Bloomington is 😊 as well as the city of Indianapolis

• School
  • Bullying
  • Negativity from peers (and sadly sometimes teachers/administrators)

• Job
  • Which bathroom to use?
Discrimination

- Brandon Teena
  - Lived stealthily
  - Raped and murdered
- Tyra Hunter
  - Injured in car accident
  - First responders walked away

October 2009, President Obama signed into law the *Matthew Shepard and James Byrd, Jr Hate Crimes Prevention Act*

* Expands existing FEDERAL coverage of hate crimes to include sexual orientation, gender identity, sex, and disability
Discrimination

• The Bathroom Debate
  • Men vs. Women bathrooms
    • Employment
    • Schools
    • Dorms
    • Public and private businesses

Transgender-inclusive nondiscrimination bills in state legislatures
California Assembly Bill 1266

- Will allow transgender youth to use whatever bathroom and participate on whichever sports team they believe matches their gender identity

- MA, CT, WA, CO have policies designed to protect Trans students, the bill above is the first in the nation to address the issue statewide
DSM 5 Gender Dysphoria Criteria

• Gender Dysphoria in Children

• A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least 6 of the following (one of which must be criterion A1)

  1. A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender).

  2. In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; or in girls (assigned gender) a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical female clothing.
DSM 5 Gender Dysphoria Criteria

3. A strong preference for cross-gender roles in make-believe play or fantasy play.
4. A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender
5. A strong preference for playmates of the other gender
6. In boys (assigned gender), a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play; or in girls, a strong rejection of typically feminine toys, games, and activities.
7. A strong dislike of one's sexual anatomy
8. A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender.
Some Family Behaviors that Reduce Your LGBT Child’s Risk for Mental Health Problems & Help Promote Their Well-Being

• Talk with your child or foster child about their LGBT identity.
• Express affection when your child tells you or when you learn that your child is LGBT.
• Support your child’s LGBT identity even though you may feel uncomfortable.
• Advocate for your child when he or she is mistreated because of their LGBT identity.
Some Family Behaviors that Reduce Your LGBT Child’s Risk for Mental Health Problems & Help Promote Their Well-Being

• Require that other family members respect your LGBT child.
• Bring your child to LGBT organizations or events.
• Connect your child with an LGBT adult role model to show them options for the future.
• Work to make your congregation supportive of LGBT members, or find a supportive faith community that your family and LGBT child.
Some Family Behaviors that Reduce Your LGBT Child’s Risk for Mental Health Problems & Help Promote Their Well-Being

• Welcome your child’s LGBT friends & partner to your home and to family events and activities.
• Support your child’s gender expression.
• Believe your child can have a happy future as an LGBT adult.
Advice for Providers in Working with LGBT Clients

- Provide safe, open space to explore LGBT issues
- Assess for how their family views their orientation and/or gender identity
- Explore their identity development (how did it come about)
- Be mindful of discrimination issues
- Be mindful of medical issues
- Assess for level of support that your client has
Resources

• [http://www.hrc.org/resources](http://www.hrc.org/resources)
• The Transgender Child: A Handbook for Families and Professionals by Stephanie Brill and Rachel Pepper